

# **Board of Opticianry**

## **Board Certification Application Instruction**

**Please note: You must be licensed as an optician in the State of Florida to qualify for Board Certification.**

A board certified optician may independently fill, fit, adapt or dispense soft contact lenses.

To become a Board Certified Optician pursuant to Section 484.002(6), Florida Statutes, and Rule Chapter 64B12-14, Florida Administrative Code (F.A.C.), please submit the following:

1. A completed and signed board certification application. Please type or print clearly in black ink.
2. A check or money order made payable to the Department of Health in the amount of \$50. The application fee to become a board certified optician is non-refundable.
3. Proof of satisfactory completion of a Board approved 20-hour board certification course as specified in Rule 64B12-14.004, F.A.C. (i.e., copy of certificate of completion or official transcript). You may view a list of Board approved providers and courses on our web site at [www.doh.state.fl.us/mqa/opticianry](http://www.doh.state.fl.us/mqa/opticianry).
4. If you obtained your Florida optician license prior to September 1985, you must submit a copy of your score sheet from the NCLE showing the date you passed the examination. Do not send the NCLE certificate.
5. Mail the application, fee and required documentation to:

**Department of Health  
Board of Opticianry  
P. O. Box 6330  
Tallahassee, FL 32314-6330**

You will be notified in writing within thirty days of the status of your application.

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Board of Opticianry  
4052 Bald Cypress Way, Bin C08  
Tallahassee, FL 32399-3258  
Telephone: (850) 245-4474 FAX: (850) 921-5389  
[www.doh.state.fl.us/mqa/opticianry](http://www.doh.state.fl.us/mqa/opticianry)



## BOARD OF OPTICIANRY (2001) BOARD CERTIFICATION APPLICATION

Please Type or Print Clearly in black ink.

Name \_\_\_\_\_  
Last First Middle

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

License Number: DO \_\_\_\_\_ Is your license active? ☐ Yes ☐ No

Has any disciplinary action been taken against your license? ☐ Yes ☐ No

Is your license currently under investigation? ☐ Yes ☐ No

Have you passed the National Contact Lens Examination (NCLE)? ☐ Yes ☐ No

If licensed prior to September 1985, you must submit a copy of your NCLE score sheet.

Date you completed the 20-Hour Certification Course \_\_\_\_\_

You must submit documentation verifying you completed the 20-hour certification course.  
To ensure up-to-date training, applicants for Board Certification must complete the course  
within a period of no more than two years prior to application for board certification.

Name of the board certification course provider \_\_\_\_\_

I have carefully read the questions in the foregoing application and have answered them completely without reservations of any kind, and I declare that my answers and all statements made by me herein are true and correct. Should I furnish any false information on this application, I hereby agree that such act shall constitute cause for denial, suspension, or revocation of any license to practice in the State of Florida the profession for which I am applying. I state that I am the person referred to in the foregoing application. I further state that I will comply with all requirements for licensure renewal in effect at the time of license renewal including submission of appropriate renewal fees and continuing education credits.

I understand that I am under a continuing obligation to keep informed of any changes to Chapters 456 & 484, Part I, F.S., and related rules and hereby state my license to practice Opticianry in the State of Florida is not subject to any current disciplinary action.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



## CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS DISCLOSURE \*

### Florida Department of Health Board of Opticianry

### Board Certification Application

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

\*This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCS § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by Section 456.013(1)(a), and 456.013(12), Florida Statutes.

Mission: Promote, protect and improve the health of all people in Florida.

Address: 4052 Bald Cypress Way, BIN #C08  
Tallahassee, Florida 32399-3258  
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